

**NOTICE OF PRIVACY PRACTICES OF
CITY OF TOLEDO FIRE AND RESCUE
DEPARTMENT**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The City of Toledo Fire and Rescue Department (“the Department”) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (“PHI”), and to provide you with a notice of its legal duties and privacy practices with respect to your PHI. The Department is required to abide by the terms of the version of this Notice currently in effect. The Department is also required to notify affected individuals following a breach of unsecured PHI.

Uses and Disclosures of PHI: The Department may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of the Departments use of your PHI:

- **For treatment.** This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. The Department may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to a hospital or dispatch center.
- **For payment.** This includes any activities the Department must undertake in order to get reimbursed for the services it provides to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
- **For health care operations.** This includes quality assurance activities, licensing, and training programs to ensure that the Department’s personnel meets its standards of care and follow established policies and procedures, as well as certain other management functions.

Use and Disclosure of PHI Without Your Authorization. The Department is permitted to use PHI *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if the

Department obtains your verbal agreement to do so or if the Department gives you an opportunity to object to such a disclosure and you do not raise an objection;

- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities, including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers’ compensation purposes, and in compliance with workers’ compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, the Department may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that the Department has already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to your PHI, including:

- **The right to request privacy protection for “PHI”:** You may request that the Department restrict information to a health plan. The Department will generally agree to the request to restrict disclosure of “PHI” about you to a health plan if: the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and the “PHI” pertains solely to a healthcare item or service for which you or a person other than the health plan on your behalf, has paid the Department in full.

- **The right to access, copy or inspect your “PHI”:** You may inspect and copy most of the medical information about you that the Department maintains. The Department will normally provide you with access to this information within thirty (30) days of your request. The Department may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, the Department may deny you access to your medical information, and you may appeal certain types of denials. The Department has available forms to request access to your PHI and will provide a written response if you are denied access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact the Department’s privacy officer.
- **The right to amend your “PHI”:** You have the right to ask the Department to amend written medical information that it may have about you. The Department will generally amend your information within sixty (60) days of your request and will notify you when the information has been amended. If you wish to request that the Department amend the medical information that it has about you, you should contact the Department’s privacy officer. Your request may be denied if you ask us to amend information that:
 - was not created by the Department, unless the person who created the information is no longer available to make the amendment;
 - is not part of the PHI the Department keeps about you;
 - is not part of the PHI that you would be allowed to see or copy; or
 - is determined by the Department to be accurate and complete as is.
- **The right to request an accounting:** You may request an accounting from the Department of certain disclosures of your medical information that have been made in the six (6) years prior to the date of your request. The Department is not required to give you an accounting of information that has been used or disclosed for purposes of treatment, payment or health care operations, or when your health information was shared with our business associates, like our billing company or a medical facility from/to which you have been transported. The Department is also not required to give you an accounting of our uses of protected health information for which you have already given it written authorization. If you wish to request an accounting, contact the Department’s privacy officer.
- **The right to request that the City of Toledo Fire and Rescue Department restrict the uses and disclosures of your “PHI”:** You have the right to request that the Department restricts how it uses and discloses your medical information. The Department is not required to agree to any restrictions you request, but any restrictions agreed to by Department, in writing, are binding.
- **Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request:** If the Department maintains a web site, it will prominently post a copy of this Notice on the web site. If requested, the Department will forward you this Notice by electronic mail instead of on paper. You may always request a paper copy of the Notice.
- **Revisions to the Notice:** The Department reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that the Department maintains. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if one is maintained. You can get a copy of the latest version of this Notice by contacting the Department’s privacy officer.
- **Your Legal Rights and Complaints:** You have the right to submit complaints directly to the Department, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with either the Department or the United States Department of Health and Human Services. Should you have any questions, comments or complaints you may direct all inquiries to the Department’s privacy officer.

Effective Date of the Notice: February 20, 2014

Privacy Officer Contact Information:

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